



CITY OF DELTONA
BUILDING AND ENFORCEMENT SERVICES
2345 Providence Blvd - Deltona, Florida 32725
Permitting: (386) 878-8662 – (386) 878-8660 – Fax: (386) 878-8651
permitting@deltonafl.gov

Re-Roof Inspection Affidavit

This affidavit must be signed and inspected by the licensed individual as stated below. Site workers are **not** authorized to do the inspection and fill in the time and date.

Incomplete and/or incorrect Affidavits will fail the inspection(s).

Affidavit must be provided at the job-site prior to final inspection

PERMIT # _____

DATE: _____

I (print name clearly) _____, licensed as a(n) **General Building, Residential or Roofing Contractor, /Engineer/Architect, FS 468 Building Inspector*** (must circle license type)

License #; _____

☐ I did personally inspect the **Roof deck nailing on:** _____,
Contractor's Initial)

☐ I did personally inspect the **Flashing/Dry-in on:** _____,
(Contractor's Initial)

work at: _____,
(Job Site Address)

Based upon that examination I have determined the installation was done in accordance with the attached scope of work, complying with all applicable codes and standard (**Florida Building existing Code Section 706**).

Signature

STATE OF FLORIDA, COUNTY OF _____

Affirmed and subscribed before me this ____ day of _____ 20__ by _____ who is personally known to me or who has produced _____ (type of ID) identification.

Signature of Notary Public State of Florida

Print, Type or Stamp Name of Notary (SEAL)

* No General, Building or Residential contractor certified after 1973 shall act as, hold himself or herself out to be or advertise himself or herself to be a roofing contractor unless he or she is certified as a Roofing Contractor.